Name in Full

Certificate of Death

George H. Bowers

Died at Town: near McGinnes County: Queen Anne MARYLAND

Date 1899 Month: Aug. Day: 6 | Age Y.: — M.: — D.: 4 | Native of: Md | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband of
Wife

Father's Name: Kent A Bowers

Mother's Name: Annie M Hoffecker

Cause of Death — Primary: 140

Immediate: Collapse of Lungs

How long sick

~~Accident, Suicide, Homicide~~

Reported by: F. N. Shephard M. D.

Address: Crumpton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66968

Name in Full

Certificate of Death

Pearl Dadds

Died at Town Hyde County Queen Anne's MARYLAND

Date 189 Month 8 Day 25 | Age Y. 9 M. 15 D. | Native of Queen Anne's Co | Occupation Nursery

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband Wife of

Father's Name Ezekiel Dadds | Mother's Name Lucie Elmer Dadds

Cause of Death: Primary Marasmus 52

Immediate Exhaustion

How long sick 3 months

Accident, Suicide, Homicide

Reported by J M Barkraw M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full Jas. Darling

Certificate of Death

Died in Town Hall's Cross Roads County Green Cove MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 189 9 | 2 | 97 | Age 05 | | | |

~~Male~~ ~~Female~~ White Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 72 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Centreville Record 3 7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79815

Name in Full

# No name McAbee

Certificate of Death

Town: Centreville County: Queen Anne

Died at Near Centreville MARYLAND

Date 1890 Month 8 Day 14 | Age Y. 7 M. D. | Native of Md | Occupation Nursing

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of Wife

Father's Name James McAbee

Mother's Name Alice McAbee

Cause of Death { Primary Intestinal obstruction | How long sick 2 days

Immediate

Accident, Suicide, Homicide

Reported by Jno Morrow MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Infant Not named Moore

Certificate of Death

Town Slar County Queen Anne MARYLAND

Died at

| Date 189 | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| | Aug | 1 | | 1 | | America | |

~~Male~~ Femele White ~~Colored~~ ~~Married~~ Singla ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husbend of
Wife

Father's Name J F Moore Mother's Name Georgie E Moore

Cause of Death — Primary 82 — How long sick 4 days

Immediete Cólrea Infantum — Accident, Suicide, Homicide

Reported by J F Russum Undertaker

Address Hillsboro Caroline Co Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70648

Attended by Dr. Alexander

of Hickson Miss

Seen by Coroner _____

of _____

Name in Full Deborah Peters — Certificate of Death

Died at New Bryan Town — County Queen Annes — MARYLAND

Date 189 9 — Month Aug — Day 9 — Age Y. 60 M. D. — Native of Ks Co — Occupation

~~Male~~ Female — ~~White~~ Colored — ~~Single~~ Married — Widow Widower — Divorced — Number of children living 3

Husband / Wife of Louis Peters

Father's Name — Mother's Name

Cause of Death — Primary: Apoplexy 4 d — How long sick

Immediate: Hemorrhage Cerebral — Accident, Suicide, Homicide

Reported by Chas Corkran MD

Address Queenstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah E. Schnyder

Town

County

Died at Newn Store, Queen Anne MARYLAND

| Month | Day | | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| Date 189 9 | 8 | 5 | Age | 4 | 20 | | |

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Edwards Schnyder

Mother's Name Mary Schnyder

Cause of Death — Primary: ~~Insanition~~ Enteralgia Living weeks — How long sick

Immediate: Insanition 82

~~Accident, Suicide, Homicide~~

Reported by Hammond B. Hopkins

Address Ivy Mills MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full William Warren

Certificate of Death

Died at Town Winchester County Queen Annes MARYLAND

Date 189 9 Month January Day 1

Age Y. 0 M. 10 D.

Native of Md

Occupation

Male ~~Female~~

White ~~Colored~~

Married Single Widow Widower Divorced

Number of children living

Husband of Wife

Father's Name J. B. Warren

Mother's Name Ella Kirwan

Cause of Death: Primary Cholera Infantum — How long sick 8 2

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by Chas Corkran MD

Address Queenstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm. H. Haley

Died Near Town Centreville County Queen Anne MARYLAND

Date 189 9 Month 8 Day 17 | Age Y. 83 M. D. | Native of | Occupation

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 9

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Old age 141 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Observer 8-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898